

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584478

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5	1		1			
6		1		1		
7		1		1		
8		3		1		
9		①		1		
10		①		1		
11		①		1		
12				1		
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TOTAL IND.	2	↓	2	↓	0	↓
TOTAL DEP.	12	←	10	←	0	←
TOTAL CLAIMS	14		12		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	